



Provider Reimbursement for Women's Cancer Screening Program

Reimbursement Schedule July 1, 2015 – June 30, 2016

Office Visits - Established Patients

Office Visit / Minimal / no physician	99211	\$ 16.70
Office Visit / Problem focused History / exam	99212	\$ 36.46
Preventive Visit	99213 / 99395 / 99396 / 99397	\$ 60.38
Office Visit / Detailed History/ Detailed Exam	99214 / 99215	\$ 89.54

Office Visits - New Patients

Office Visit / Problem focused History / exam	99201	\$ 36.46
Office Visit / Expanded problem focused History / exam	99202	\$ 62.14
Preventive Visit	99385 / 99386 / 99387	\$ 62.14
Office Visit / Detailed History/ Detailed Exam	99203 / 99204 / 99205	\$ 89.79

Diagnostic

Colposcopy of the cervix	57452	\$ 76.80
Colposcopy with biopsy and endocervical curettage	57454	\$ 127.06
Colposcopy with biopsy(s) of the cervix	57455	\$ 119.14
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 112.26
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 ²	\$ 236.60
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix – Facility Fee	57460TC ²	\$ 750.00



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Diagnostic continued

Colposcopy with loop electrode conization of the cervix	57461 ²	\$ 267.30
Colposcopy with loop electrode conization of the cervix – Facility Fee	57461TC ²	\$ 750.00
Biopsy, single/multiple/ local ex. Of lesion, with/without fulguration-sep procedure	57500	\$ 107.46
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 85.07
Conization of cervix, with/without fulguration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 ²	\$ 254.84
Conization of cervix – Facility Fee	57520TC ²	\$ 750.00
Loop electrode excision	57522 ²	\$ 218.70
Loop electrode excision – Facility Fee	57522TC ²	\$ 750.00
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 113.73
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dialation, any method (separate procedure)	58100 ³	\$ 90.57
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110 ³	\$ 39.94

Pathology and Laboratory

Human Papillomavirus, high-risk types	87624	\$ 47.76
Cytopathology, smears, any other source; screening & interpretation	88160	\$ 56.30
Technical component	88160TC	\$ 34.12
Professional component	8816026	\$ 22.18



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Pathology and Laboratory - continued

Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 50.85
Technical component	88161TC	\$ 29.58
Professional component	8816126	\$ 21.26
Evaluation of Aspirate	88172	\$ 47.34
Technical component	88172TC	\$ 16.14
Professional component	8817226	\$ 30.78
Interpretation and Report of Aspirate	88173	\$ 126.86
Technical component	88173TC	\$ 67.03
Professional component	8817326	\$ 59.82
Screening Pap Smear Cytology	88164 / 88165	\$ 14.38
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 26.95
Abnormal Smear (read by pathologist)	88141	\$ 27.00
Screening by automated system , under physician Supervision	88174	\$ 28.11
Screening by automated system and manual rescreening under physician Supervision	88175	\$ 33.28
Pathology, Cervical/Breast Biopsy	88305	\$ 60.91
Technical component	88305TC	\$ 28.67
Professional component	8830526	\$ 32.24



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Pathology and Laboratory – continued

Pathology, breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 257.36
Technical component	88307TC	\$ 186.30
Professional component	8830726	\$ 71.06
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 86.25
Technical component	88331TC	\$ 32.91
Professional component	8833126	\$ 53.34
Each additional tissue block with frozen section (s)	88332	\$ 37.75
Technical component	88332TC	\$ 11.42
Professional component	8833226	\$ 26.33
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global Procedure)	88342	\$ 75.79
Technical component	88342TC	\$ 45.62
Professional component	8834226	\$ 30.17
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (Global Procedure)	88341	\$ 56.66
Technical component	88341TC	\$ 38.66
Professional component	8834126	\$ 18.01
Immunohistochemistry	88360	\$ 113.88
Technical component	88360TC	\$ 68.02
Professional component	8836026	\$ 45.86



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Radiological/Diagnostic Procedures

Unilateral Mammogram (Global Procedure)	77055	\$ 75.23
Technical Component	77055TC	\$ 45.93
Professional Component	7705526	\$ 29.31
Unilateral, diagnostic mammogram- direct digital image, all views Global Procedure	G0206	\$ 108.54
Technical Component	G0206TC	\$ 75.53
Professional Component	G020626	\$ 29.01
Bilateral Mammogram (Global Procedure)	77056	\$ 96.79
Technical Component	77056TC	\$ 60.46
Professional Component	7705626	\$ 36.34
Bilateral, diagnostic mammography- direct digital image, all views Global Procedure	G0204	\$ 137.66
Technical Component	G0204TC	\$ 101.32
Professional Component	G020426	\$ 36.34
Screening Mammogram (Global Procedure)	77057	\$ 68.88
Technical Component	77057TC	\$ 39.57
Professional Component	7705726	\$ 29.31
Screening mammography, direct digital image, bilateral, all views Global Procedure	G0202	\$ 113.07
Technical Component	G0202TC	\$ 84.06
Professional Component	G020226	\$ 29.01
Consultation on x-ray examination made elsewhere, written report	7614026	\$ 15.00



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Radiological/Diagnostic Procedures - continued

Ultrasound, complete examination of breast including axilla, UNILATERAL Global Procedure	76641	\$ 91.47
Technical Component	76641TC	\$ 60.76
Professional Component	7664126	\$ 30.71
Ultrasound, complete examination of breast including axilla, BILATERAL Global Procedure	76641-50	\$ 137.21
Technical Component	76641TC-50	\$ 91.14
Professional Component	7664126-50	\$ 46.07
Ultrasound, limited examination of breast including axilla, UNILATERAL Global Procedure	76642	\$ 75.17
Technical Component	76642TC	\$ 46.53
Professional Component	7664226	\$ 28.64
Ultrasound, limited examination of breast including axilla, BILATERAL Global Procedure	76642-50	\$ 112.75
Technical Component	76642TC-50	\$ 69.79
Professional Component	7664226-50	\$ 42.96
Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 13.62
Technical component	76098TC	\$ 6.88
Professional component	7609826	\$ 6.74
Ultrasonic guidance for needle placement (eg, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global Procedure)	76942	\$ 50.44
Technical component	76942TC	\$ 22.92
Professional component	7694226	\$ 27.52



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Radiological/Diagnostic Procedures - continued

Mammary Ductogram or galactogram, single duct (Global Procedure)	77053	\$ 48.77
Technical component	77053TC	\$ 33.82
Professional component	7705326	\$ 14.95
Magnetic Resonance Imaging - with/out contrast, Unilateral	77058	\$ 457.04
Technical component	77058TC	\$ 338.81
Professional component	7705826	\$ 68.23
Magnetic Resonance Imaging - with/out contrast, Bilateral	77059	\$ 452.19
Technical component	77059TC	\$ 383.96
Professional component	7705926	\$ 68.23

Surgical

Fine Needle Aspirate – without imaging (Global Procedure)	10021 ²	\$ 57.89
Fine Needle Aspirate – with imaging guidance (Global Procedure)	10022 ²	\$ 55.11
Incision and Drainage of Abscess	10060	\$ 81.45
Puncture aspiration of cyst of breast	19000 ²	\$ 36.46
Each additional cyst (list separately in addition to code for primary procedure)	19001 ²	\$ 18.27
Injection procedure only for mammary ductogram or galactogram	19030	\$ 65.70
Biopsy of breast; needle core (Surgical Procedure Only)	19100 ²	\$ 57.78
Incisional biopsy of breast (Global Procedure)	19101 ²	\$ 183.78
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; first lesion	19081 ²	\$ 140.78



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Surgical continued

Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; each add lesion	19082 ²	\$ 70.43
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; first lesion	19083 ²	\$ 137.23
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; each add lesion	19084 ²	\$ 66.37
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI guidance; first lesion	19085 ²	\$ 165.48
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI; each add lesion	19086 ²	\$ 79.07
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120 ²	\$ 341.54
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125 ²	\$ 379.26
Excision of breast lesion identified by preoperative placement of radiological marker-each add lesion	19126 ²	\$ 133.14
Placement of breast loc device, percutaneous; mammographic guidance; first lesion	19281	\$ 85.61
Placement of breast loc device, percutaneous; mammographic guidance; each add lesion	19282	\$ 43.20
Placement of breast loc device, percutaneous; stereotactic guidance; first lesion	19283	\$ 85.91
Placement of breast loc device, percutaneous; stereotactic guidance; each add lesion	19284	\$ 43.50
Placement of breast loc device, percutaneous; ultrasound guidance; first lesion	19285	\$ 73.11
Placement of breast loc device, percutaneous; ultrasound guidance; each add lesion	19286	\$ 36.84



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Surgical continued

Placement of breast loc device, percutaneous; MRI guidance; first lesion	19287	\$ 113.88
Placement of breast loc device, percutaneous; MRI guidance; each add lesion	19288	\$ 55.93

Notes

1. Reimbursement rates are based on the 80% of 2015 Rhode Island Medicare Fee Schedule OR maximum payable rate allowed by the WCSP.
2. United States citizens and qualified aliens (Permanent Resident Aliens greater than 5 years) should apply for Medical Assistance through the WCSP to cover the cost of this procedure. WCSP will provide coverage for these CPT codes only for non-qualified aliens or Permanent Resident Aliens less than 5 years needing Cone/LEEP or allowable breast biopsy CPT codes for women that do not qualify for Medicaid.
3. Endometrial biopsy is reimbursable ONLY if performed in the initial workup of a Pap test result of Atypical Glandular Cells (AGC) or the Pap test result of a postmenopausal woman notes that endometrial cells are present.

Balance billing for covered services is not permitted by Participating Providers under contract with the WCSP.